

EXHIBIT “A”

ABINGTON MEMORIAL HOSPITAL EMERGENCY ROOM

Strimber, Abraham
DOB: 11/14/1950 M61
Wt/Ht:
MedRec: 0482935
AcctNum: 1205350964

Patient Data

Complaint: CHEST PAIN
Triage Time: Wed Feb 22, 2012 11:45
Urgency: ESI Level 2
Bed: ED ETC5
Initial Vital Signs: 2/22/2012 11:42
BP:169/84
P:66
O2 sat:

ED Attending: Fisher, MD, Steven
Primary RN: Stebulis, RN, Lynne

R:18
T:96.1 (PO)
Pain:

TRIAGE (Wed Feb 22, 2012 11:45 LS)

PATIENT: NAME: Strimber, Abraham, AGE: 61, GENDER: male, DOB: Tue Nov 14, 1950, TIME
OF GREET: Wed Feb 22, 2012 11:40, MEDICAL RECORD NUMBER: 0482935, ACCOUNT
NUMBER: 1205350964. (Wed Feb 22, 2012 11:45 LS)

ADMISSION: URGENCY: ESI Level 2, BED: UNASSIGN. (Wed Feb 22, 2012 11:45 LS)

VITAL SIGNS: BP 169/84, Pulse 66, Resp 18, Temp 96.1, (PO), Time 2/22/2012 11:42. (11:42
LS)

COMPLAINT: CHEST PAIN. (Wed Feb 22, 2012 11:45 LS)

ASSESSMENT: pt here w/ c/o legs vibrating and abd feels like is going to explode. pt
denies chest pain. pt states he had 1 episode of loose stools today after eating radishes, tomatoes,
eggs and locs. pt also had centrum vitamin. pt w/ multiple complaints. (Wed Feb 22, 2012 11:45
LS)

GCS: Total GCS score is 15: eye opening (4), verbal response (5), motor response (6).

(Wed Feb 22, 2012 11:45 LS)

PROVIDERS: TRIAGE NURSE: Lori Ischinger, RN. (Wed Feb 22, 2012 11:45 LS)

PREVIOUS VISIT ALLERGIES: Iodinated contrast – Anaphylaxis, Iodinated radiocontrast
dyes, Ivp dye. (Wed Feb 22, 2012 11:45 LS)

HPI (17:15 SF)

HPI TRANSCRIPTION: The patient is a 61-year-old gentleman with a history of aortic valve
dysfunction status post remote St. Jude valve placement, hypertension who
presents with the abrupt onset of the sensation that he had a lid of a paint
can that began in his epigastrium and slammed up into his jaw and then came
down and continues to compresses upon his abdomen. It came on abruptly after
he loaded the car. The patient does not believe he overexerted myself. He felt
mildly diaphoretic and noted that his legs began to shake. He denied dyspnea.
He did not pass out. He denies a history of AAA. The patient denies a history
of coronary artery disease. The patient has persistent pain in his
epigastrium. The patient did have a scant amount of diarrhea but does not
believe that this is related to GI distress.

Dictated by: Steven Fisher.

KNOWN ALLERGIES

Iodinated contrast – Anaphylaxis, Iodinated Radiocontrast Agents – Entered brand: iodinated
contrast – anaphylaxis, Iodinated Radiocontrast Agents – Entered brand: iodinated radiocontrast
dyes – undefined, Iodinated Radiocontrast Agents – Entered brand: ivp dye – undefined,
Iodinated radiocontrast dyes, Ivp dye

CURRENT MEDICATIONS (11:45 LS)

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Warfarin Sodium: mg ORAL Daily.
Multivitamin
*Complete per patient/outside source
Metoprolol Tartrate: mg ORAL Every 12 hours.

PAST MEDICAL HISTORY (Wed Feb 22, 2012 11:45 LS)

MEDICAL HISTORY: Hypertension, No past medical history, (No Documented Health Issues) No Documented Health Issues.

SURGICAL HISTORY: History of orthopedic, left, fibula x2 fx, History of valve replacement, mitral valve(st. Jude). aortic valve.

PSYCHIATRIC HISTORY: No history of anxiety, No history of bipolar, No history of depression.

SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse.

FAMILY HISTORY: Family history includes hypertension.

ROS (17:15 SF)

ROS TRANSCRIPTION: All systems were reviewed and negative except as stated in the patient's HPI.

Dictated by: Steven Fisher.

VITAL SIGNS

VITAL SIGNS: BP: 169/84, Pulse: 66, Resp: 18, Temp: 96.1 (PO), Time: 2/22/2012 11:42, (11:42

LS)

BP: 148/72, Pulse: 73, Resp: 18, O2 sat: 97 on RA, Time: 2/22/2012 12:37. (12:37 LS1)

BP: 131/59, Pulse: 70, Resp: 18, O2 sat: 94 on RA, Time: 2/22/2012 12:59. (12:59 LS1)

BP: 165/77, Pulse: 66, Resp: 17, O2 sat: 96 on RA, Time: 2/22/2012 15:26. (15:26 PB4)

BP: 160/70, Pulse: 80, Resp: 17, O2 sat: 96 on RA, Time: 2/22/2012 15:46. (15:46 PB4)

PHYSICAL EXAM (17:15 SF)

PHYSICAL EXAM TRANSCRIPTION: The patient is awake and alert. He does move all extremities spontaneous. He

a appears to be grossly neurologically intact, very kind and cooperative.

Conjunctivae are not pale. Mucous membranes are moist. Neck: Supple. Lungs:

Clear. Cardiac rate is regular. No murmurs or gallops but he does have a

systolic click. Belly is very generously proportioned. It makes the

examination difficult. The patient is tender in the epigastrium. I do feel an

aortic pulsation which is concerning given this gentleman's proportions. He

does not have any distension or tympany. No peritoneal signs. The patient's

vascular examination in his lower extremities he is symmetrically diminished.

His legs do appear to be warm and well-perfused. There is no mottling. He has

preserved strength and sensation.

Dictated by: Steven Fisher.

DIFFERENTIAL DIAGNOSIS (17:15 SF)

DIFFERENTIAL DIAGNOSIS TRANSCRIPTION: 1. Epigastric pain of uncertain etiology. 2.

Gastrointestinal distress.

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3. Abdominal aortic aneurysm. 4. Renal colic. 5. Acute coronary syndrome. These and other diagnoses were considered.

Dictated by: Steven Fisher.

ORDERS

Comprehensive Metabolic Pnl by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:13
PTT.. by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:05
Infusor -- Insert by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 12:27
Protine.. by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:02
CBC/Diff/Platelets by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:08
EKG 12 Lead -- Pain Abd by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 12:27
Cardiac Troponin by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:21
CK w/Reflexive MB by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:24 Status: Done by System Wed Feb 22, 2012 13:13
CT Abd/Pelvis WITHOUT Contrast by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:31 Status: Done by System Wed Feb 22, 2012 13:36
Urinalysis POC by Fisher, MD, Steven for Fisher, MD, Steven on Wed Feb 22, 2012 12:37 Status: Active
Physician Consult -- OTHER by Majeski, AA, Jennifer for Fisher, MD, Steven on Wed Feb 22, 2012 13:59 Status: Done by System Wed Feb 22, 2012 14:00
Physician Consult -- UNREFERRED by Majeski, AA, Jennifer for Fisher, MD, Steven on Wed Feb 22, 2012 14:08 Status: Done by System Wed Feb 22, 2012 14:08
Place Patient in Observation Status by Majeski, AA, Jennifer for Fisher, MD, Steven on Wed Feb 22, 2012 14:27 Status: Done by System Wed Feb 22, 2012 14:27
Nutrition--Doc to RN -- Meds NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 15:56 Status: Active
Physician Group Consult Routine NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 15:57 Status: Active
O2 Therapy Cannula NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active
Activity NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active
Doc to Nurse by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active
Vital Signs NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active
CK w/Reflexive MB NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active
CK w/Reflexive MB NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status: Active

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O2 Therapy Cannula NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012
16:01 Status: Active
Notify H.O.-Signs/Symptoms NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22,
2012 16:01 Status: Active
Diet - NPO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status:
Active
O2 Therapy Cannula NSO by Turner, MD; Margo for Turner, MD, Margo on Wed Feb 22, 2012
16:01 Status: Active
Notify H.O.-Vital Signs NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012
16:01 Status: Active
Diet - NPO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01 Status:
Cancelled by System Wed Feb 22, 2012 16:03
Telemetry Monitor NSO by Turner, MD, Margo for Turner, MD, Margo on Wed Feb 22, 2012 16:01
Status: Active
Cardiac Troponin NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb 23, 2012
00:00 Status: Active
Cardiac Troponin NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb 23, 2012
00:00 Status: Active
Comprehensive Metabolic Pnl NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb
23, 2012 06:00 Status: Active
CBC/Diff/Platelets NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb 23, 2012
06:00 Status: Active
Protime.. NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb 23, 2012 06:00 Status:
Active
EKG 12 Lead NSO by Turner, MD, Margo for Turner, MD, Margo on Thu Feb 23, 2012 07:00
Status: Active

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
Zofran	8 mg	IntraVenous Push	Cancelled	14:53 2/22/2012
*Ondansetron Hydrochloride Novaplus	4 mg	IntraVenous Push	Held	16:04 2/22/2012
*Morphine Sulfate	2 mg	IntraVenous Push	Held	16:04 2/22/2012
*Sodium Chloride 0.9%, Intravenous	125 ml /hr	IntraVenous Continuous	Held	16:04 2/22/2012
*Morphine Sulfate	4 mg	IntraVenous Push	Given	15:38 2/22/2012
*Ondansetron Hydrochloride Novaplus	8 mg	IntraVenous Push	Held	15:26 2/22/2012
Morphine Sulfate	4 mg	IntraVenous Push	Given	13:40 2/22/2012

*Additional information available in notes, Detailed record available in Medication Service section.

MEDICATION SERVICE

Morphine Sulfate: Order: Morphine Sulfate : 4 Mg/ML Solution - Dose: 4 mg :

IntraVenous Push

Ordered by: Steven Fisher, MD

Entered by: Steven Fisher, MD Wed Feb 22, 2012 12:37

Documented as given by: Lynne Stebulis, RN Wed Feb 22, 2012 13:40

Patient, Medication, Dose, Route and Time verified prior to administration.

, Amount given: 4 mg, IV SITE #1 IVP, initial medication, Slowly, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration,

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Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration.

Morphine Sulfate: Order: Morphine Sulfate : 4 Mg/ML Solution -- Dose: 4 mg :
IntraVenous Push

Notes: per verbal order

Ordered by: Steven Fisher, MD

Entered by: Perry Benedict, RN Wed Feb 22, 2012 15:31

Documented as given by: Perry Benedict, RN Wed Feb 22, 2012 15:38

Patient, Medication, Dose, Route and Time verified prior to administration.

, Amount given: 4mg, IV SITE #1 IVP, repeat same medication, Slowly, Connections checked prior to administration, Line traced prior to administration, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Emotional support needed and given.

Morphine Sulfate: Order: Morphine Sulfate : 2 Mg/ML Solution -- Dose: 2 mg :
IntraVenous Push

Schedule: Due: Feb 22, 2012 15:59

Notes: EVERY 4 HOURS; PRN: PAIN; MORPHINE INJECTABLE

Ordered by: Margo Turner, MD

Entered by: Margo Turner, MD Wed Feb 22, 2012 16:04 ,

Held by: Margo Turner, MD Wed Feb 22, 2012 16:04 Reason: EVERY 4 HOURS; PRN: PAIN;
MORPHINE INJECTABLE.

Ondansetron Hydrochloride Novaplus: Order: Ondansetron Hydrochloride Novaplus
(Ondansetron Hydrochloride) : 2 Mg/ML Solution -- Dose: 8 mg : IntraVenous Push
Schedule: Due: Feb 22, 2012 14:49

Notes: ONCE; ONDANSETRON INJECTABLE; ADMIN: Push over 1 minute.

Ordered by: Steven Fisher, MD

Entered by: Steven Fisher, MD Wed Feb 22, 2012 14:53 ,

Held by: Perry Benedict, RN Wed Feb 22, 2012 15:26 Reason: Patient refused.

Ondansetron Hydrochloride Novaplus: Order: Ondansetron Hydrochloride Novaplus
(Ondansetron Hydrochloride) : 2 Mg/ML Solution -- Dose: 4 mg : IntraVenous Push
Schedule: Due: Feb 22, 2012 15:58

Notes: Q4H; PRN: NAUSEA/VOMITING; ONDANSETRON INJECTABLE; ADMIN: Push over 1 minute.

Ordered by: Margo Turner, MD

Entered by: Margo Turner, MD Wed Feb 22, 2012 16:04 ,

Held by: Margo Turner, MD Wed Feb 22, 2012 16:04 Reason: Q4H; PRN: NAUSEA/VOMITING;
ONDANSETRON INJECTABLE; ADMIN: Push over 1 minute.

Sodium Chloride 0.9%, Intravenous: Order: Sodium Chloride 0.9%, Intravenous (Sodium Chloride) : Sodium Chloride 0.9% Solution -- Dose: 125 mL/hr : IntraVenous Continuous
Schedule: Due: Feb 22, 2012 15:57

Notes: SODIUM CHLORIDE 0.9% INFUSION; VOLUME: 1000 MILLILITER(S)

Ordered by: Margo Turner, MD

Entered by: Margo Turner, MD Wed Feb 22, 2012 16:04 ,

Held by: Margo Turner, MD Wed Feb 22, 2012 16:04 Reason: SODIUM CHLORIDE 0.9% INFUSION;
VOLUME: 1000 MILLILITER(S).

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(CANCELLED) Zofran: Order: Zofran (Ondansetron Hydrochloride) ; 2 Mg/ML Solution --

Dose: 8 mg : IntraVenous Push

Ordered by: Steven Fisher, MD

Entered by: Steven Fisher, MD Wed Feb 22, 2012 14:42

Cancelled by: Steven Fisher, MD. Wed Feb 22, 2012 14:53

, Cancel reason: CLARIFICATION OF ORDER; ONCE; ONDANSETRON INJECTABLE;
ADMIN: STAT(ETC).

RESULTS

RADIOLOGY: CT ABD PBL W O

CONTRAST Wed Feb 22, 2012 13:35,

HISTORY: Mid upper abdominal and back
pain.

TECHNIQUE: Helical axial images were
obtained from the domes of the
diaphragm through the pubic symphysis.
Neither oral nor intravenous
contrast was administered. Coronal and
sagittal reformatted images
were also evaluated.

Comparison: None.

FINDINGS:

The patient is status post median sternotomy.
The heart is enlarged.
There is no pericardial effusion. There is
dependent atelectasis at
the lung bases posteriorly.

Evaluation of the abdominal and pelvic
organs is limited without
intravenous contrast.

The liver is unremarkable without evidence
of solid mass or biliary
ductal dilatation. The gallbladder is
unremarkable in appearance.

The spleen is normal in appearance. The
pancreas is unremarkable. The
right adrenal gland is unremarkable. There
is a subcentimeter
low-attenuation nodule in the left adrenal
gland which likely

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represents an adenoma.

There are no abnormally enlarged
mesenteric, retroperitoneal, pelvic,
or inguinal lymph nodes.

There is a small fat containing left inguinal
hernia. The prostate
gland is unremarkable. The urinary
bladder is normal in appearance
without focal mass or wall thickening.

There is no bowel obstruction, bowel wall
thickening, or free air. No
free fluid is visualized. A normal appendix is
visualized.

No hydronephrosis or renal calculus is
seen. There is a cystic lesion
in the lower pole the left kidney, which is
likely a simple cyst,
however is incomplete characterized on this
noncontrast examination.
Repeat study with intravenous contrast and
be helpful to better
characterize the nature of this lesion.

There is minimal aortoiliac atherosclerosis.
There is no aneurysmal
dilatation or evidence of dissection or
rupture on this noncontrast
study.

There are mild scoliotic and degenerative
changes of the spine. No
destructive bony lesions are visualized.

Impression: Somewhat limited study without
intravenous contrast.

Cystic lesion in the left kidney is likely a
simple cyst, however it
is incompletely characterized without
intravenous contrast.

Ultrasound of the kidneys or CT scan with
intravenous contrast would
be helpful to better determine the nature of
this lesion.

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No abdominal aortic aneurysm. No evidence
of dissection on this
noncontrast study.

Cardiomegaly.

Signed by: GOLDMAN, YEDIDA

Signed on: 02/22/2012 13:31:31

(13:27 SF)

Measurement	Result	Units	Range
CARDIAC TROPONIN I Wed Feb 22, 2012 12:42			
CARDIAC TROPONIN I	<0.10	ng/ml	
	WITHIN REFERENCE		
	INTERVAL		<0.10

(13:27 SF)

Measurement	Result	Units	Range
COMP METABOLIC PANEL Wed Feb 22, 2012 12:42			
GLUCOSE, RANDOM	141	MG/DL	70-110
BLOOD UREA NITROGEN	14	MG/DL	0-23
CREATININE	1.32	MG/DL	0.00-1.25
SODIUM	141	MEQ/L	135-145
POTASSIUM	3.7	MEQ/L	3.5-5.1
CHLORIDE	105	MEQ/L	98-110
CO2	23	MEQ/L	20-31
ANION GAP	17		9-18
AST	26	U/L	5-34
ALT	18	U/L	0-55
ALK PHOSPHATASE	68	U/L	40-150
TOTAL BILIRUBIN	0.5	MG/DL	0.2-1.2
CALCIUM	8.9	MG/DL	8.5-10.7
ALBUMIN	4.3	GM/DL	3.4-4.8
TOTAL PROTEIN	6.6	GM/DL	5.8-7.6
CALC GFR-NON AFRICAN AMERICAN	55	mL/min/1.73m2	>60
GFR AFRICAN AMERICAN	>60	mL/min/1.73m2	>60
GFR COMMENT	The GFR estimate is not adjusted for extreme body surface area. Nor has it been validated for children less than 18 years, pregnant women or ethnic groups other than Caucasian and African American.		

(13:27 SF)

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Measurement	Result	Units	Range
CK Wed Feb 22, 2012 12:42			
CK	161	U/L	30-200

(13:27 SF)

Measurement	Result	Units	Range
AUTO BLD COUNT + DIFF Wed Feb 22, 2012 12:42			
WBC	12.1	K/UL	4.0-12.0
RBC	5.02	M/UL	4.60-6.20
HGB	15.0	G/DL	14.0-18.0
HCT	43.8	%	42-52
MCV	87.4	FL	80-94
MCH	29.9	PG	27.0-33.6
MCHC	34.2	%	32.0-36.0
RDW	12.7	%	11.5-15.0
PLT	192	K/UL	140-400
MPV	8.1	FL	7.4-10.4
NEUTROPHILS	80	%	
LYMPH	11	%	
MONO	8	%	
EOS	1	%	
BASO	0	%	
ABS NEUTROPHILS	9.7	K/UL	1.8-9.0
ABS LYMPH	1.3	K/UL	1.5-3.2
ABS MONO	1.0	K/UL	0.0-0.9
ABS EOS	0.1	K/UL	0.0-0.5
ABS BASO	0.0	K/UL	0.0-0.2
DIFF TYPE	AUTOMATED		

(13:27 SF)

Measurement	Result	Units	Range
PIT Wed Feb 22, 2012 12:42			
APTT	40	SEC	22-35
HEPARIN THERPTC RNG	66-97 SEC*		
FOOTNOTE	*EQUIVALENT TO		
	0.3-0.7 UNITS OF		
	HEPARIN PER ML BY		
	FACTOR Xa ASSAY		
	TECHNIQUE		

(13:27 SF)

Measurement	Result	Units	Range
PROTMB Wed Feb 22, 2012 12:42			
INTNATL NORM RATIO	2.8		

DIAGNOSTICS AND INTERPRETATIONS (17:15 SF)

DIAGNOSTIC-INTERPRETATION TRANSCRIPTION: The patient was saturating 97% on room air which is evidence of adequate oxygenation and not hypoxia. On the monitor, the patient remained in a first-degree block. The patient's laboratory values were reviewed by me. Please see electronic medical record. The patient's creatinine 1.32, INR of 2.8. CT of the abdomen, pelvis showed no evidence of AAA nor dissection. The patient has a cystic lesion over the left kidney of uncertain etiology. He also had noted cardiomegaly.

Dictated by: Steven Fisher.

EKG INTERPRETATION (12:23 SF)

12 LEAD EKG INTERPRETATION: 12 lead EKG interpreted by ED Physician, At: 12:23 PM,

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Compared with previous EKG, No previous EKG available, EKG shows First-degree AV block, normal axis, T-wave inversions in aVL without prior for comparison.

NURSING ASSESSMENT: COMPREHENSIVE

CONSTITUTIONAL: History obtained from patient, Patient is cooperative, alert and oriented x

3. Patient's skin is warm and dry, Patient appears in pain distress. (12:08 LSI)

SKIN: Patient denies pain to skin, Skin warm and dry. (12:08 LSI)

NEURO: GCS eye opening is 4, verbal response is 5, motor response is 6 Total GCS=15, Pupils PERRL, Motor strength to all extremities are strong and equal, Patient denies paresthesias, No facial droop noted, Patient denies headache, nausea, vomiting. Patient's speech is clear and understandable. (12:08 LSI)

BACK: Patient complains of pain to middle back, Pain described as aching, On a scale 0-10 patient rates pain as 6, Duration of pain: this morning. (15:27 PM)

RESPIRATORY/CHEST: No complaint of pain, Breath sounds clear bilaterally, No acute respiratory distress, No intercostal retractions, No supraclavicular retractions, Equal chest expansion, No nasal flaring, No cough, Able to speak in full sentences. (12:08 LSI)

CARDIOVASCULAR: Patient denies chest pain, No extremity edema noted, Positive peripheral pulses bilaterally, Heart sounds regular. (12:08 LSI)

ABDOMEN: nontender, Positive bowel sounds in all 4 quadrants, Patient denies vomiting, diarrhea, constipation, flank tenderness. No pulsatile masses noted to abdomen, Abdominal pain is diffuse, Pain radiates to back, Abdomen is distended. (12:08 LSI)

Patient denies nausea, Abdominal pain is diffuse, On a scale 0-10 patient rates pain as 4. (15:27 PM)

nontender, Positive bowel sounds in all 4 quadrants, Patient denies vomiting, diarrhea, constipation, flank tenderness. No pulsatile masses noted to abdomen, Abdominal pain is diffuse, Pain radiates to back, Abdomen is distended. (15:40 LSI)

GENITOURINARY MALE: No complaint of pain, No discharge, No urinary complaints. (12:08 LSI)

FALL RISK: Total fall risk score is: 0. (12:08 LSI)

NOTES: pt states he was walking up the driveway after loading things in the car felt "a rising metallic feeling like someone put a paint can in my stomach and the lid was rising up into my throat". Wife states pt became pale and clammy. Denies syncope. Pt had 2 episodes of diarrhea and +nausea. C/o abd distention and pain radiating to back. (12:08 LSI)

NURSING ASSESSMENT: NURSES NOTE (13:49 PM)

TIME ASSESSED: initial contact with patient, patient presents lying on right side, on cardiac monitor, speech clear rr non labored. patient states pain relief with after morphine, patient describes pain as being 'all over here' (rubbing abdomen) spouse at bedside, call bell with in reach.

AA COMMUNICATIONS

PROCEDURE: PHYSICIAN NOTIFICATION, dr singer, responded at: 2:00 pm. (14:00

JM2)

PHYSICIAN NOTIFICATION, ao, responded at: 2:00 pm, reason: admission. (14:09

JM2)

NURSING PROCEDURE: CARDIAC MONITOR (12:08 LSI)

TIME: Patient placed on cardiac monitor, non-invasive blood pressure monitor, continuous

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pulse Oximetry. After procedure, patient tolerating monitoring.

NURSING PROCEDURE: COMMUNICATIONS

PROCEDURE: Hand-off Communication given at 1600, Hand-off Communication given to amber

3H, Provided opportunity to answer questions. (16:07 LSI)

escort called, they state patient is next to be picked up. (16:59 P04)

NURSING PROCEDURE: EKG CHART (12:09 LSI)

TIME: EKG was performed at triage, 12 lead EKG Performed--left chest, After procedure, EKG for interpretation given to Dr. fisher.

NURSING PROCEDURE: IV (12:09 LSI)

TIME: in 1 attempt, IV established 20 gauge catheter inserted, into left Forearm, Flushed with 10 mL normal saline, Labs drawn at time of placement, Specimen labeled in the presence of the patient and sent to lab, No drainage noted at site, No redness, No tenderness, clear occlusive dressing applied.

NURSING PROCEDURE: TRANSPORT TO TESTS (12:52 LSI)

TIME: Patient transported to, CT scan, Patient transported via, cart, Patient accompanied by, nurse.

MEDICAL DECISION MAKING (17:15 SF)

MEDICAL DECISION MAKING TRANSCRIPTION: Importantly, the patient received multiple doses of morphine intravenously.

Additionally received some IV fluids. The patient's pain did feel better. Then, the patient had the advent of vomiting. The exact precipitant of the patient's pain remained unclear. I was worried based upon his examination that he could have a AAA. This did not appear to be the case. The patient did not receive IV contrast as he has a significant allergy to IV dye. Ultimately, the patient was admitted given our uncertainty as to the patient's pain. He was clearly uncomfortable. The patient's case was discussed at length with the hospitalist who admitted the patient..

Dictated by: Steven Fisher.

ATTENDING NOTES (16:07 SF)

NOTES: I have reviewed the current medications and all elements of the patient's history obtained by nursing staff. I have personally seen and examined this patient. I have fully participated in the care of this patient., Physician dictation number: 246830.

DIAGNOSIS (14:09 SF)

FINAL: PRIMARY: Chest pain [NOS], ADDITIONAL: Epigastric pain.

DISPOSITION

PATIENT: Disposition: A - OBSERVATION, Placement, Condition: Guarded. (14:09

SF)

Disposition: . (14:29 JM2)

Disposition: . (14:29 JM2)

**ABINGTON MEMORIAL HOSPITAL
EMERGENCY ROOM**

Strimber, Abraham
DOB: 11/14/1950 M61
Wt/Ht:
MedRec: 0482935
AcctNum: 1205350964

Disposition: . (15:44 LRMI)

Disposition: . (16:09 LS1)

Remove from ER. (17:09 PB4)

NOTES: hospitalist-green team-- tele obs. (14:09 SF)

PRESCRIPTION

No recorded prescriptions

IMAGING (12:56 JM2)

EKG: Image captured from scanner.

ADMIN

DIGITAL SIGNATURE: Fisher, MD, Steven. (Thu Feb 23, 2012 10:23 SF)

CHART FAX: JULIAN JAKOBOVITS 4105800773. (17:09 PB4)

Key:

JM2=Majeski, AA, Jennifer LRMI=Malone-Kirby, RN, Lisa LS=Ischinger, RN, Lori LS1=Stebulis, RN, Lynne
MT3=Turner, MD, Margo PB4=Benedict, RN, Perry SF=Fisher, MD, Steven